

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10055817

FILING DATE

2/1/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			3			
TOTAL DEP.			47			
TOTAL CLAIMS			50			

*	IND.	DEP.	*	IND.	DEP.	*
51		2				
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			52			